



NATIONAL REGISTERED AGENTS, INC.

The Right Choice for Registered Agent Services

Cover Page for TX56642

This file contains 13 pages of graphic image of Legal Process received in the State of **TEXAS** on **12/3/2010** for **SCOTTISH RE (U.S.), INC.**.

The served document(s) will be forwarded by Federal Express to the individual designated to receive Service of Process from NRAI. As this document(s) has been separated to enable scanning of the image, the Official Record on file with the Court of Jurisdiction should be relied on as the complete record. NRAI accepts no responsibility or liability for missing or incorrectly collated pages in the reassembly of the served document(s).



<u>ATTY</u>	<u>CITATION</u>
<hr/>	
DC-10-15399	
<hr/>	
<p style="text-align: center;">MICHAEL C. FRENCH vs. SCOTTISH RE GROUP, LTD., ET AL</p>	
<hr/>	
<p style="text-align: center;">ISSUED THIS 2nd day of December, 2010</p>	
<hr/>	
<p style="text-align: center;">GARY FITZSIMMONS Clerk District Courts, Dallas County, Texas</p>	
<hr/>	
<p style="text-align: right;">By: JO ANN GARDNER, Deputy</p>	
<hr/>	
<p style="text-align: center;">Attorney for Plaintiff</p>	
<hr/>	
<p style="text-align: center;">Bobby M Rubarts K & L Gates LLP 1717 Main Street, Suite 2800 Dallas, Tx 75201 214-939-5500</p>	

Delivered 1/23/10
E. Plaza #
Process Server

FORM NO. 353-3 - CITATION
THE STATE OF TEXAS

To: SCOTTISH RE (U.S.) INC.
BY SERVING THEIR REGISTERED AGENT
NATIONAL REGISTERED AGENTS, INC.
16055 SPACE CENTER BLVD, SUITE 235
HOUSTON, TX 77062-6212

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and ORIGINAL petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the 44th District Court at 600 Commerce Street, Ste. 101, Dallas, Texas 75202

Said Plaintiff heine MICHAEL C. EBENCH

Filed in said Court 1st day of December 2010 against

For Suit, said suit being numbered DC-10-15399, the nature of which demand is as follows: Suit on CNTR CNSMR COM DEBT etc, as shown on said petition, a copy of which accompanys this citation. If this citation is not served, it shall be returned to the Clerk of Court.

WITNESS: GARY FITZSIMMONS, Clerk of the District Courts of Dallas, County Texas. Given under my name and the Seal of said Court at office this 2nd day of December, 2010.

Bobby M Rubarts
K & L Gates LLP
1717 Main Street, Suite 2800
Dallas, Tx 75201
214.939.5500

Attorney for Plaintiff

GARY FITZSIMMONS
Clerk District Courts,
Dallas County, Texas

By: JO ANN GARDNER Deputy

ISSUED THIS
2nd day of December, 2010

DC-10-15399

MICHAEL C. FRENCH

SCOTTISH RE GROUP, LTD.,
ET AL
vs.

CITATION

OFFICER'S RETURN

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____ M. Executed at _____, within the County of _____, at _____ o'clock _____ M. on the _____ day of _____, 20_____, by delivering to the within named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____
For mileage \$ _____
For Notary \$ _____
of _____ County, _____
By _____ Deputy _____

Signed and sworn to by the said _____
to certify which witness my hand and seal of office.

Notary Public _____ County _____

CIVIL CASE INFORMATION SHEET

B-44th

CAUSE NUMBER (FOR CLERK USE ONLY): 10-15399 COURT (FOR CLERK USE ONLY): _____

STYLED _____

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing. This sheet, approved by the Texas Judicial Council, is intended to collect information that will be used for statistical purposes only. It neither replaces nor supplements the filings or service of pleading or other documents as required by law or rule. The sheet does not constitute a discovery request, response, or supplementation, and it is not admissible at trial.

1. Contact information for person completing case information sheet:		Names of parties in case:	ALL Person or entity completing sheet is:
Name: <u>Bobby M. Rubarts</u>	Email: <u>Bobby.rubarts@klgates.com</u>	Plaintiff(s)/Petitioner(s): <u>Michael C. French</u>	<input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner <input checked="" type="checkbox"/> Pro Se Plaintiff/Petitioner <input checked="" type="checkbox"/> Title IV-D Agency <input checked="" type="checkbox"/> Other: _____
Address: <u>K&L Gates LLP 1717 Main Street, Suite 2800</u>	Telephone: <u>(214) 939-5577</u>	Defendant(s)/Respondent(s): <u>Scottish Re Group, Ltd. Scottish Re (U.S.) Inc. Scottish Re Life Corporation</u>	Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____
City/State/Zip: <u>Dallas, TX 75201</u>	Fax: <u>(214) 939-5849</u>	[Attach additional page as necessary to list all parties]	
Signature: 	State Bar No: <u>17360330</u>		

2. Indicate case type, or identify the most important issue in the case (select only 1):

Civil		Family Law		
Contract	Injury or Damage	Real Property	Post-judgment Actions (non-Title IV-D)	
<input type="checkbox"/> Debt/Contract <input checked="" type="checkbox"/> Consumer/DTPA <input checked="" type="checkbox"/> Debt/Contract <input checked="" type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: <input type="checkbox"/> Foreclosure <input checked="" type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: 	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <input type="checkbox"/> Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <input type="checkbox"/> Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input checked="" type="checkbox"/> Other Injury or Damage: Indemnity 	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ <input type="checkbox"/> Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <input type="checkbox"/> Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children <input type="checkbox"/> Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____ <input type="checkbox"/> Post-judgment Actions (non-Title IV-D) <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other <input type="checkbox"/> Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order <input type="checkbox"/> Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Paternity/Parentage <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____		
Employment	Other Civil	Probate & Mental Health		
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: 	<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____	<input type="checkbox"/> Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings	<input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____
Tax				
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax				

3. Indicate procedure or remedy, if applicable (may select more than 1):

Appeal from Municipal or Justice Court	Declaratory Judgment	Prejudgment Remedy
Arbitration-related	Garnishment	Protective Order
Attachment	Interpleader	Receiver
Bill of Review	License	Sequestration
Certiorari	Mandamus	Temporary Restraining Order/Injunction
Class Action	Post-judgment	Turnover



NATIONAL REGISTERED AGENTS, INC.

The Right Choice for Registered Agent Services

Cover Page for TX56643

This file contains **13** pages of graphic image of Legal Process received in the State of **TEXAS** on **12/3/2010** for **SCOTTISH RE LIFE CORPORATION**.

The served document(s) will be forwarded by Federal Express to the individual designated to receive Service of Process from NRAI. As this document(s) has been separated to enable scanning of the image, the Official Record on file with the Court of Jurisdiction should be relied on as the complete record. NRAI accepts no responsibility or liability for missing or incorrectly collated pages in the reassembly of the served document(s).

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

SCOTTISH RE LIFE CORPORATION
BY SERVING THEIR REGISTERED AGENT
NATIONAL REGISTERED AGENTS, INC.
16055 SPACE CENTER BLVD, SUITE 235
HOUSTON, TX 77062-6212

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and ORIGINAL petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the 44th District Court at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being MICHAEL C. FRENCH

Filed in said Court 1st day of December, 2010 against

SCOTTISH RE GROUP, LTD., ETAL

For Suit, said suit being numbered DC-10-15399, the nature of which demand is as follows:
Suit on CNTR CNSMR COM DEBT etc. as shown on said petition, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: GARY FITZSIMMONS, Clerk of the District Courts of Dallas, County Texas.
Given under my name and the Seal of said Court at Office this 2nd day of December, 2010.

ATTEST: GARY FITZSIMMONS, Clerk of the District Courts of Dallas, County, Texas

By JQ ANN GARDNER, Deputy

Delivered 12-3-10
Clint S. Sturz
Process Server

ATTY	CITATION
DC-10-15399	MICHAEL C. FRENCH
vs.	SCOTTISH RE GROUP, LTD., ETAL
ISSUED THIS	2nd day of December, 2010
GARY FITZSIMMONS	Clerk District Courts, Dallas County, Texas
By: JO ANN GARDNER, Deputy	Attorney for Plaintiff
Bobby M Rubarts K & L Gates LLP 1717 Main Street, Suite 2800 Dallas, Tx 75201 214-939-5500	

OFFICER'S RETURN

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____. Executed at _____, within the County of _____, at _____ o'clock _____. M.
on the _____ day of _____, 20_____, by delivering to the within
named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____
For mileage \$ _____
For Notary \$ _____
of _____ County, _____
By _____ Deputy _____

Signed and sworn to by the said _____ before me this _____ day of _____, 19_____, to certify which witness my hand and seal of office.

Notary Public _____ County _____

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): 10-15399 COURT (FOR CLERK USE ONLY): B-4th

STYLED

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing. This sheet, approved by the Texas Judicial Council, is intended to collect information that will be used for statistical purposes only. It neither replaces nor supplements the filings or service of pleading or other documents as required by law or rule. The sheet does not constitute a discovery request, response, or supplementation, and it is not admissible at trial.

1. Contact information for person completing case information sheet:		Names of parties in case:	ALL Person or entity completing sheet is:
Name: <u>Bobby M. Rubarts</u>	Email: <u>Bobby.rubarts@klgates.com</u>	Plaintiff(s)/Petitioner(s): <u>Michael C. French</u>	<input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
Address: K&L Gates LLP 1717 Main Street, Suite 2800	Telephone: <u>(214) 939-5577</u>	Defendant(s)/Respondent(s): <u>Scottish Re Group, Ltd.</u> <u>Scottish Re (U.S.) Inc.</u> <u>Scottish Re Life Corporation</u>	Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____
City/State/Zip: <u>Dallas, TX 75201</u>	Fax: <u>(214) 939-5849</u>	[Attach additional page as necessary to list all parties]	
State Bar No: <u>1736030</u>	Signature: 		

2. Indicate case type or identify the most important issue in the case (select only 1):

Civil

Family Law

Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
<input type="checkbox"/> Debt/Contract <input checked="" type="checkbox"/> Consumer/DTPA <input checked="" type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: <input type="checkbox"/> Foreclosure <input checked="" type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: 	<input checked="" type="checkbox"/> Assault/Battery <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Defamation <input type="checkbox"/> Malpractice <input checked="" type="checkbox"/> Accounting <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Other Professional Liability: _____ <input checked="" type="checkbox"/> Motor Vehicle Accident <input checked="" type="checkbox"/> Premises <input type="checkbox"/> Product Liability <input checked="" type="checkbox"/> Asbestos/Silica <input checked="" type="checkbox"/> Other Product Liability List Product: _____ <input checked="" type="checkbox"/> Other Injury or Damage: Indemnity 	<input checked="" type="checkbox"/> Eminent Domain/Condemnation <input checked="" type="checkbox"/> Partition <input checked="" type="checkbox"/> Quiet Title <input checked="" type="checkbox"/> Trespass to Try Title <input checked="" type="checkbox"/> Other Property: _____	<input checked="" type="checkbox"/> Annulment <input checked="" type="checkbox"/> Declare Marriage Void <input checked="" type="checkbox"/> Divorce <input checked="" type="checkbox"/> With Children <input checked="" type="checkbox"/> No Children	<input checked="" type="checkbox"/> Enforcement <input checked="" type="checkbox"/> Modification—Custody <input checked="" type="checkbox"/> Modification—Other <input checked="" type="checkbox"/> Title IV-D <input checked="" type="checkbox"/> Enforcement/Modification <input checked="" type="checkbox"/> Paternity <input checked="" type="checkbox"/> Reciprocals (UIFSA) <input checked="" type="checkbox"/> Support Order
Employment	Other Civil	Related to Criminal Matters	Other Family Law	Parent-Child Relationship
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: 	<input checked="" type="checkbox"/> Administrative Appeal <input checked="" type="checkbox"/> Antitrust/Unfair Competition <input checked="" type="checkbox"/> Code Violations <input checked="" type="checkbox"/> Foreign Judgment <input checked="" type="checkbox"/> Intellectual Property	<input checked="" type="checkbox"/> Lawyer Discipline <input checked="" type="checkbox"/> Perpetuate Testimony <input checked="" type="checkbox"/> Securities/Stock <input checked="" type="checkbox"/> Tortious Interference <input checked="" type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Enforce Foreign Judgment <input checked="" type="checkbox"/> Judgment Nisi <input checked="" type="checkbox"/> Non-Disclosure <input checked="" type="checkbox"/> Seizure/Forfeiture <input checked="" type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input checked="" type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Adoption/Adoption with Termination <input checked="" type="checkbox"/> Child Protection <input checked="" type="checkbox"/> Child Support <input checked="" type="checkbox"/> Custody or Visitation <input checked="" type="checkbox"/> Gestational Parenting <input checked="" type="checkbox"/> Grandparent Access <input checked="" type="checkbox"/> Paternity/Parentage <input checked="" type="checkbox"/> Termination of Parental Rights <input checked="" type="checkbox"/> Other Parent-Child: _____
Tax	Probate & Mental Health			
<input checked="" type="checkbox"/> Tax Appraisal <input checked="" type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	Probate/Wills/Intestate Administration <input checked="" type="checkbox"/> Dependent Administration <input checked="" type="checkbox"/> Independent Administration <input checked="" type="checkbox"/> Other Estate Proceedings	<input checked="" type="checkbox"/> Lawyer Discipline <input checked="" type="checkbox"/> Perpetuate Testimony <input checked="" type="checkbox"/> Securities/Stock <input checked="" type="checkbox"/> Tortious Interference <input checked="" type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Guardianship—Adult <input checked="" type="checkbox"/> Guardianship—Minor <input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Prejudgment Remedy <input checked="" type="checkbox"/> Protective Order <input checked="" type="checkbox"/> Receiver <input checked="" type="checkbox"/> Sequestration <input checked="" type="checkbox"/> Temporary Restraining Order/Injunction <input checked="" type="checkbox"/> Turnover

3. Indicate procedure or remedy, if applicable (may select more than 1):

Appeal from Municipal or Justice Court	Declaratory Judgment	Prejudgment Remedy
Arbitration-related	Garnishment	Protective Order
Attachment	Interpleader	Receiver
Bill of Review	License	Sequestration
Certiorari	Mandamus	Temporary Restraining Order/Injunction
Class Action	Post-judgment	Turnover